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Aging

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

JANUARY 1961

THE UNIVERSITY
OF MICHIGAN

FEB 10 1961

MAIN-
READING ROOM

Over 2000 Attend Ohio Conference on Aging



September 20 Ohio Conference Lunch at Veterans Memorial Auditorium in Columbus. This view shows the western half of the dining room.

Photo courtesy of Ohio Governor's Commission on Aging

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By Ralph D. Wheat, Executive Director, Governor's Commission on Aging, 408 E Town St., Columbus 15, Ohio.

It has been said that "All Roads Lead to Rome." But in 1960, we believe, all roads led to Columbus, Ohio.

Over 2000 persons from all walks of life jammed the auditorium of the Veterans Memorial Building on September 19-20 for the largest grass roots conference ever assembled by an Ohio Governor. At this mammoth "Town Meeting," they attended workshops, listened to speakers, enjoyed special luncheon and dinner entertainment, and then went home with a clearer picture of just what Ohio is facing with the problems of an exploding population.

Distinguished Speakers

The delegates heard Dr. James P. Dixon, President of Antioch College, who is a Federal and municipal health specialist; Hon. Robert W. Kean, Chairman of the National Advisory Committee for the WHCA; Governor Michael V. DiSalle; and Dr. Edward L. Bortz, President of the American Geriatrics Society.

Limited Attendance For Workshops

Only 650 participated in the concurrent workshops held on the first day, representing the State's lay and professional leaders in civic and service organizations, labor unions, employer as-

(OHIO continued on next page)



September 19 Registration at Veterans Memorial Auditorium.



Commission Chairman Vernon Burt Addresses General Assembly.

(OHIO CONFERENCE—continued)

sociations, leading professional groups, local communities, and the three religious faiths. These were the people designated by individual members of our Governor's Advisory Committee, by State agencies, and by interested statewide organizations to represent them—one participant for each group for each of six workshops held.

The Monday evening dinner meeting, and Tuesday's general sessions, were open to the public.

Purposes of Conference

Purpose of the Ohio Governor's Conference on Aging was to get a bird's-eye view of the entire Ohio situation, and to give public recognition to the growing problems of Ohio's senior citizens.

We wanted to get information and views on the needs of older citizens, and priorities for meeting those needs; to help determine the role of various governmental levels in assisting older persons through legislation and administrative effort; to help develop recommendations for programs in better living arrangements, physical and mental health and rehabilitation, social services, income maintenance and employment, education, recreation and research, and community organization on behalf of the aged.

Statewide Preparation & Representation

For this Governor's Conference, which was Ohio's last step before the WHCA, over 60 Ohio counties prepared by holding their own conferences and/or surveying critically unmet needs of senior citizens. State departments, local government units, housing and volunteer service agencies, cooperated in statewide surveys of the situation in Ohio.

The Columbus Metropolitan Housing Authority

in a survey of current and proposed low-income housing for elderly families showed that only three Ohio cities now have such facilities, and that only eight others are in the process of building or planning such units. Monthly rentals vary from \$22.50 to \$55, with the average at \$31.

(OHIO continued on next page)



(L. to r.) Mr. Vernon R. Burt, Cleveland, Chairman of the Ohio Governor's Commission on Aging; Mrs. Mary N. Gorman, Ohio's Director of Public Welfare; Governor Michael V. DiSalle.

All photos on this page courtesy of Ohio Governor's Commission on Aging

Among the many surveys that provided valuable data was an IBM-coded analysis of the policies of some 3200 Ohio employers on pension plans, life and medical care insurance, profit-sharing plans, and retirement preparation programs.

One in every 11 persons in Ohio is now over 65. Projections indicate there will be more than 1,000,000 Ohioans over 65 by 1975. And by that date, women will outnumber men four to three in the over-65 group.

Communities Alerted To Urgency

The great value of this prolonged focusing of

attention on the unmet needs of our senior citizens has been that every community is alerted to the urgency of action without awaiting Federal or State legislation, according to Governor DiSalle.

In addition, the findings have given Ohio a firm base on which to formulate State and local governmental planning to provide for today's oldsters and those who will attain senior citizen status for generations to come.

The 92 Ohio delegates to the White House Conference on Aging are going to Washington well-informed on aging in their State.

New Hampshire:

A Report on Services To The Aging

By Lawrence C. Cole, Executive Director, N. H. Social Welfare Council, Box 252, Concord.

This is an excerpt from the Council's *Annual Report*. The full report is available from the author.

(Related "Letter to the Editor," *Aging* 73, p. 12)

The Aging Program of the New Hampshire Social Welfare Council, based on a special Spaulding Grant, has provided three types of service during the year: *Information Service; Community Organization; Direct Service.*

Information Service

The Council has produced considerable published material, including a Friendly Visitor's Manual, a List of agencies working with the aged, Suggestions for Church Groups; Materials for County Homes, for Occupational Therapists, etc.

Requests for information and referral service are frequent from individuals above the minimum economic income who seek advice concerning their waning resources to meet health and economic needs.

Community Organization

The Council has cooperated closely with the Governor's Commission on Aging; participated actively in six out of ten county "grass roots" meetings for the WHCA; consulted with local communities on their programs in aging, as well as with State groups such as State nursing groups, Women's Auxiliary of the N.H. Medical Association, N.H. Mental Health Association, Cancer Society, etc.

A request for a Ford Foundation grant to sponsor a community aging program in North Conway, unfortunately, was not allowed, although it had honorable mention.

Direct Service

(a) The Occupational Therapy Program initiated in county homes on a demonstration basis in 1958 has borne real fruit. Five counties have absorbed it on county funds and approvals for others are pending.

This program is now drawing to an end on a demonstration basis.

(b) Volunteer Service similarly has had a fine reception. It was transferred to the Council last September from the State Hospital's "Enrichment of Aging Program."

The Council's Secretary for Volunteers works four half-days a week. She interviews prospective friendly visitors, visits county homes, nursing homes, endowed homes and private homes, addresses various groups, etc. She provides a monthly orientation course for volunteers. In addition to the production of the "Manual for Friendly Visitors," several exhibits were prepared.

County home "auxiliaries" were successfully developed in four counties, and new "visiting committees" in several nursing homes.

(c) A possible joint program with the State Division of Vocational Rehabilitation, to employ a medical social worker in certain county homes, had to be deferred in part due to Federal funds lapsing.

Costs

Of the total 1960 Council budget of \$30,452, the sum of \$26,136 was spent.

\$3,894 was for direct Council activities, and \$22,241 was from Spaulding Trust Funds for the Aging Program.

The Volunteer Program cost approximately \$2,400 toward which \$1,300 was received through transfer from the State Hospital "Enrichment Of Aging Program."

The Occupational Therapy Program, entirely Spaulding, cost approximately \$7,800. This will, however, be reduced during the coming year as it is absorbed in individual county budgets.

Flint, Michigan:

Six Months of Action and Results

By Mrs. Minnie K. Oed, Secretary, Community Planning Committee for Senior Citizens, 200 E. Kearsley St., Flint 2.

"More Years In Our Lives" (noted in *Aging* 70, p. 7) is a study of senior citizens done in Flint by the Community Planning Committee for Senior Citizens.

This Committee was appointed by the President of the Council of Social Agencies of Flint and Genesee County, and was jointly sponsored by the Junior League of Flint, Inc., and by the Council. Members of the Committee and of subcommittees, together with other volunteers, represented many different community groups and agencies.

Recommendations were reached after careful analysis of the data in the study. The Committee was confident that these recommendations would be achieved, because of the resources available in the community and because of the favorable community climate.

Recommendations From The Study Now Achieved

Action has already resulted in some new services, and improvement and increase in established services:

- The Department of Public Health and the Department of Social Welfare have employed a public health nurse to act as coordinator of the social and welfare programs of these two departments.

- The Visiting Nurse Association has employed a physical therapist as the first step in a Home Care Program.

- A visiting nurse has also been employed to act as a liaison person between the general hospital and home care of discharged patients.

- The County Hospital has employed an occupational and physical therapist, and is concen-

trating on physical restoration and rehabilitation of patients.

- The Department of Parks and Recreation has appointed a person to work full-time on programs and activities for senior citizens in community centers. She is also available as a consultant to Homes for the Aged, and to Nursing Homes.

- Community school facilities are now available for use by people of any age in the neighborhood. Two schools, in areas where there are many older people, are using the "block system" to locate senior citizens and to invite them to participate in program planning for their social and recreational needs.

- The Mott Program of the Board of Education has sponsored a series of Health Forums. In addition, special classes, trips and tours, and other programs of particular interest to older people have been provided.

- The United Church Women have voted to establish a Friendly Visiting Service. The service will help to organize senior citizens' clubs in churches, to increase home visits, to provide a home meal service to patients on request of physicians, to assist with the home program of the Public Library, and to plan a leadership training curriculum for Friendly Visitors.

- One current project being studied by committees in Flint is concerned with requests for Homemaker, Home Aids, or Housekeeping Services. The community has a homemaker service, but adjustments may be necessary to meet current needs.

- Convalescent and rehabilitation uses of a County-owned hospital have been suggested for welfare patients and senile persons.

- Interpretation to the public of the recent legislation passed by the Federal and State government for medical assistance to the aged, and of the 1960 Social Security Amendments, has also been accomplished in line with the recommendations of the survey.

The Community Planning Committee for Senior Citizens is greatly encouraged by this action, all of which has taken place since the "More Years In Our Lives" study was presented six months ago.

What Is Homemaker Service?

A Prime Resource For The Aging

By Miss Lasca Fortassain, Casework Supervisor, E. D. Farmer Foundation, 5100 Ross Ave, Dallas, Texas.

This article has already been published in *The Herald*, issued by the E. D. Farmer Foundation.

- Do you know someone 60? 70? 80?
- Able as he (she) ever was?
- Able to do almost all the things he did when he (she) was 40?
- Able to do *just enough* to manage his own household and his (her) own life?
- Or able to do *almost* all the things necessary to go on living in his own house or apartment, independently running his (her) own home and life?

If your answer to the last question is "Yes," then perhaps Homemaker Service could be helpful.

Definition

Homemaker Service is the supervised placement of a woman trained in homemaking skills and capable of working with others in a home where one or more elderly persons have asked for the aid and where this type of assistance will enable the person or persons to stay on in the home. (The alternative may be to move to a boarding house, a nursing home, a home for aged, or perhaps to the home of a child or other relative.)

In some of the Homemaker projects now operating under various auspices (State Departments of Public Welfare, Departments of Public Health, Family Service Associations, or other privately supported social agencies offering services to people of retirement age) a homemaker goes in once a week and helps with the things the client cannot manage—either because he is handicapped by a physical condition or because it takes two to get the job done.

Examples of Service

The homemaker may take the hem on a dress for a woman who lives by herself and has no one to help with such a necessary chore, or she may help an arthritic client into the tub for the luxury of a tub bath when it would be unsafe for the client to attempt this alone.

Under one Homemaker program a gentleman in his eighties was able to maintain his own home two years longer than he could have otherwise because a homemaker came in for a half-day twice weekly and prepared balanced meals for him to take out of the refrigerator and warm up on the days she did not come. She also helped him with his budget, sewed buttons on for him, and showed him the best ways to keep his tiny apartment in order.

Because of her special training, a homemaker is often able to study a problem with her client, work on it with her supervisor, and help her client learn a better way of handling it.

When A Bedridden Patient Makes Demands

Another type of aid may be given in a household where one person is bedridden, and a second is attending the patient and keeping the house going. The homemaker may take on these duties for a day each week, giving some time for rest, shopping, necessary business appointments, beauty shop trips, etc., to the person who is shouldering all of the homekeeping responsibilities for the patient. These physical and morale boosts which the warm, interested, and skillful homemaker provides can mean that an older person may be able to maintain his own home rather than move elsewhere. (Cost of staying in one's own home with a homemaker once a week is usually less than the cost of an acceptable nursing care home.)

Training

Training for a homemaker includes study of nutrition, home care of the sick, household management, and heavy emphasis on human relationships. The homemaker works under the direction of the supervising agency, and is helped with problems she meets in each home she serves. Similarly, the agency works with the client to help him make the best use of the service.

Usually there is a sliding fee scale, with persons who are unable to pay being served without charge, and others paying according to their means.

It might well be said that whereas Homemaker Service for other age groups aims at *keeping families together*, this service for the aged seeks to *keep the person and his home together* as long as possible.

Memphis, Tennessee: A Community Organization Approach

By Mr. William Millington, Health and Welfare Planning Council of Memphis-Shelby County, McCall Building, Memphis.

Over the past three years we have been working with the Memphis community in the field of aging through established organizations. Our role has not been one of providing direct service.

Recognition of Need

A number of individuals and a few organizations in our community expressed concern some time ago about the lack of services for the aged. The Health and Welfare Planning Council had almost no information about the needs of this group of people. Also there was no group known to have any real interest in accepting responsibility for the development of services for persons over 65.

Because of these facts, the Health and Welfare Planning Council decided to make a study of the needs through a survey. A sample, by Census tracts, was set up, and through the use of volunteers 400 persons over 65 were interviewed about their most urgent needs.

Results of Survey: Senior Citizens Committee

To those who expected this survey to provide a "blueprint" for action, it was a disappointment. But we gained much information, and the survey has been used frequently to backstop at several points the action of the Senior Citizens Committee which was established by the Planning Council Board of Directors.

In the organization of the Committee, the Planning Council was fortunate in having a chairman who had great conviction about the needs of this group of people, and who could hold the Committee together through the early stages when the charge to the Committee seemed somewhat nebulous. The Committee set to work interesting itself and the community in the needs of the aging.

Organization of the Committee

In the organization of the Committee, individuals were selected who represented groups known to have some interest in older citizens. With only one exception, all of the services which were subsequently developed have been carried out through *other* organizations or agencies. The one exception was the "Senior Citizens Hobby Show" which the Planning Council co-sponsored, with a newspaper and a department store, as a demonstration. It will now pass to other sponsorship.

Activity of the Committee

The Planning Council Committee advised on organizational procedures and programs to interest churches, recreation centers, and other groups in forming senior citizens clubs. In each instance, an effort was made to expand membership of these clubs in order to serve all persons in their particular area. This has been somewhat successful, although some church clubs limit their membership to members of the church.

Senior Citizens Council

A newly-formed Senior Citizens Council, with two representatives of each club, now meets regularly to discuss programs, and to develop joint endeavors. One of the projects of the Council is to get each member of each club to have a chest x-ray. It is also now active in obtaining permanent sponsorship for the Senior Citizens Hobby Show.

Other services have developed through community interest and the acceptance of responsibility by different organizations in the community. Some of these services are:

- a Friendly Visitors Program which involved the Medical Auxiliary and the Visiting Nurse Association;
- working with a local hospital which is developing a service for the chronically ill, and which will include a home care program;
- the Dietetic Association's new interest in a "meals-on-wheels service";
- the Junior League's proposal for a Senior Citizens Center; and
- the AFL-CIO Council's plan for a high-rise apartment building for older people.

In all of this, our Planning Council Committee has given advice and encouragement. The responsibility for the specific development of the service, however, has been left with the interested organization.

Large Community Involvement

From this brief description it is easy to imagine the number of persons in the community involved in the problems of the aged. This number is much greater than it would have been if the Planning Council Committee had attempted to develop these services itself.

Also, with the limited amount of staff time available, much more can be accomplished if that staff time is used in an advisory capacity rather than directed toward the development of services.

As our community became aware and concerned about needs of the aging, and as organizations with potential exhibited an interest in providing services, these developments were encouraged and tied in with the work of the Senior Citizens Committee.

New Jersey:

New Demonstration Project In "Restoration Nursing"

This article is adapted from *Added Years*, newsletter of the New Jersey Division of Aging, 129 E. Hanover St., Trenton 25.

An in-training program for nursing homes, homes for the aged, and county medical institutions has been started by Miss Viola B. Mack, R.N., under the sponsorship of the Division of Aging. The purpose of this program is to carry out a demonstration in restoration nursing. In preparation for this assignment, Miss Mack completed the special program in rehabilitation for graduate nurses at New York University Bellevue Medical Center.

Helping Patients Help Themselves

This new orientation in nursing is directed toward helping patients help themselves. The techniques for helping a patient feed himself and perform simple functions of personal care were part of a demonstration at a workshop sponsored in 1959 by the New Jersey Arthritis Project.

Out of this workshop, attended by staff people from the New Jersey Department of Health, the Division of Aging, and the Department of Institutions and Agencies, the philosophy began to spread of doing *with* patients rather than doing *for* them (and the techniques for restoring as much function in each patient as practical). This demonstration represents a new effort to bring this philosophy to as many people as possible who are caring for the aging.

Interested State Agencies Cooperate

A committee representing interested State agencies met shortly after the Arthritis Project and decided to enlist the cooperation of nursing homes, homes for the aged, and county institutions so that the State might proceed with a demonstration program for the staff people of these institutions.

The technique was proposed to send out a registered nurse trained in rehabilitation, to work directly with staff, patients, and physicians, and to "live in" the home when necessary. An inquiry sent to nursing homes, homes for the aged, and county medical institutions, explained the proposed program, and asked their opinions. It brought so many positive responses that the committee decided to proceed.

The following State departments and divisions are cooperating: Department of Health, Department of Institutions and Agencies, Department of Education, Division of Aging, Division of Rehabilitation.

Virginia:

Commission Publicizes Appeals For Aid

This item is adapted from a news story by Brian Kelly, published on page 1 of the December 29, 1960, *Richmond News Leader*.



John E. Raine, Chairman
Commission on the Aging
Commonwealth of Virginia
511 Virginia Bldg.
Fifth & Main Sts.,
Richmond 19

When Chairman John Raine of the State Commission on Aging made a public appeal last summer for the names of Virginia's elderly, he had no idea what he was getting into.

He made the public request with intentions of sending questionnaires on problems of the aged to those whose names he received.

He got names, all right, 10,000 of them.

1,000 Appeals For Help

But, 1,000 unsolicited letters, all of them pathetic appeals for help, also poured into the offices of the Commission.

They tell tales of suffering and helplessness.

• A woman, 71: "Today I had a piece of toast, a slice of tomato and a cup of water with a few drops of coffee . . ."

• A man, 73: "I am writing to let you know that I will be 74 years old next February, if I live. I have had a stroke. I stayed in the hospital for 19 days. I also have high blood pressure and heart trouble. I am still under the doctor's care after two years—have lost the sight of one eye. I have something growing in the other eye. I only get \$15.50 a month. I can't do anything for myself. I need a raise so bad to get my pills and food! I have to have special food and care. I need to go to the hospital, but how on \$15.50?"

60 Letters Duplicated

Raine has had 60 of these letters mimeographed and sent to fellow Commission members.

He feels "it is the State's responsibility to take care of aged people who are not able to take care of themselves." According to Raine, the State should act, or the Federal government may step in to fill the "vacuum."

PUBLICATIONS

"Aging in Western Societies," edited by Ernest W. Burgess (Chicago: The University of Chicago Press; 1960; XVI & 492 pp; \$7.50), is the third major publication in the series developed by the Inter-University Institute of Social Gerontology.

The preceding volumes, "Handbook of Aging and the Individual" (Birren) and "Handbook of Social Gerontology" (Tibbitts), are already in their second printing.

"Aging in Western Societies" was prepared in the belief that Western European countries, with their longer experience in aging, have much to contribute to the United States and to other more recently maturing societies.

The main part of the book consists of eleven chapters dealing with aging as a general phenomenon, population, employment and retirement, income maintenance and health insurance, housing and community services, health, mental health, family relationships, life beyond family and work, and research. Each chapter was prepared by a distinguished American gerontologist from data collected through first-hand visits and conversations and with the cooperation of many of Europe's principal research and program specialists. Comparisons are made among European countries, and comparisons and implications are drawn for the United States.

Approximately one-fourth of the book is devoted to case studies of programs and institutional patterns, which together with the highly readable chapters, afford excellent material for students, and for those looking for ideas in any aspect of aging.



"1961 White House Conference on Aging CHART BOOK," is a handy-sized integrated collection of 65 charts with commentaries which will be widely useful to organizations, community groups, and individuals working in the field.

The charts present dimensions and trends in basic population data, financial resources of older people, work activity, health, living arrangements, utilization of retirement time, and problems of adjustment. Wherever possible, trends are projected to 1980.

The CHART BOOK was prepared by specialists from a number of Federal agencies working under direction of the Federal Council on Aging.

Single copies may be obtained by writing to the Federal Council on Aging, U. S. Department of HEW, Washington 25, D. C. Copies are for sale @ 30¢ by the Superintendent of Documents, Washington 25, D. C.

"Aging . . . Some Social and Biological Aspects," by Nathan W. Shock, Editor (Washington, DC: American Association for the Advancement of Science; 1960, VIII & 427 pp; \$8.50) is a collection of papers presented at a symposium held in connection with the 1959 annual meeting of the AAAS.

Five papers were presented in each of five sections dealing with Implications (of aging) for Society, Aging in Tissues and Cells, Aging in the Total Organism, Theories of Aging, and Oral Aspects of Aging.

Each proceeds from current knowledge to the development of theories and hypotheses; hence, these papers are invaluable for students in a wide range of research areas. The chapters on Implications for Society offer a good deal of significant material for persons on the leading edges of social action.

The book is well edited, illustrated, and indexed.



"You're Older Than You Think," by Leonard Gernant (Western Michigan University, Kalamazoo; 1960; 189 pp; \$3.50), provides for the non-expert a readable book intended to arouse his interest in solving his own problems in later years, and in participating in community activities designed to aid older people.

This book, according to the introduction by Professor of Sociology Leonard C. Kercher, "speaks to the potential lay leader in down-to-earth, nontechnical language. It aims to present certain essential information, arouse interest in the problem, and create an awareness of its pressing importance; to provide a perspective for viewing and appreciating its several facets; to stimulate community thinking and planning and suggest helpful guideposts and practical ways and means for effective community action."

The author, long active in the field of aging, is Associate Director of the Division of Field Services at Western Michigan University.



A **"Methodist Hospital Census on Home Care"** (by James R. Dove, December 1959, 17 pp.) was made for the Health and Welfare Council of Indianapolis and Marion County to screen patients qualified to participate in an organized home care program.

Single copies of the report are available @ 15¢ (10 for \$1) from Mr. James R. Dove, Research Assistant, Health and Welfare Council of Indianapolis and Marion County, 615 N. Alabama St., Indianapolis 4.

"Aging in the States: A Report of Progress • Concerns • Goals" is a 176-page compilation of information compiled for WHCA delegates, and for the guidance of official agencies, voluntary groups and organizations, and individuals concerned with developing action programs for older people.

The book is devoted to an account of how several hundred thousand people in different States organized for the White House Conference, a review of progress in aging made over the past decade, the needs and problems as seen by the States, and a comprehensive summary of State recommendations for action.

One chapter, based largely on the "Handbook of Social Gerontology" (The University of Chicago Press, 1960), reviews the individual and societal aspects of aging as a basis for understanding and sound planning.

"Aging in the States" was prepared by DHEW's Special Staff on Aging. Single copies are available free on request from DHEW, and from DHEW Regional Representatives for Aging.

Copies are for sale @ 60¢ by the Superintendent of Documents, Washington 25, D. C.

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The Fall 1960 issue of *Minnesota Welfare* (48 pp; Vol. 12, No. 3), official publication of the Minnesota Department of Public Welfare, included several articles on aging:

"Progressive Plans for the Aged," by Bernard Nash, Minnesota's Special Consultant on *Aging*, points out that as a group, older persons are not "handicapped." Says Nash: "It is society's attitude that creates the handicap for the majority of older persons."

Single free copies, in limited supply, from Walt Raschick, Editor, *Minnesota Welfare*, 5th Floor, Centennial Bldg., St. Paul 1.

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"Retreading, not Retiring," an article in the May 1960 *Recreation* (National Recreation Association, 8 W. 8 St., NYC 11; \$4 a year, single copy 50¢) gives a provocative account of five separate recreational activities, sponsored by five different groups to show that "Today's Senior Citizen has widening opportunities for the pursuit of self-fulfillment."

The five groups are The McKinley Drop-In Center, Flint, Mich.; The Golden Age Camp at South Coventry, Conn.; The Hutchinson, Kans., Pioneer Club; Recreation Promotion and Service, Inc., Wilmington, Del.; and the Friendly Center Club, Aurora, Ill.

The Health Information Foundation, 420 Lexington Ave, NYC 17, offers free copies of Research Series #16 and #17 by Ethel Shanas, Ph.D.

"Medical Care Among Those Aged 65 and Over" (RS #16) on reported illness and utilization of health services by the "sick" and the "well."

"Meeting Medical Care Costs Among the Aging" (RS #17) on reported employment, income, and resources to pay for health services among those aged 65 and over.

These are "preliminary reports of a study of the general health needs and problems of the aging conducted by the National Opinion Research Center of the University of Chicago under a Foundation grant. The study is focused on health needs as perceived by older people themselves and by those family members to whom they would turn in a health crisis."

Dr. Shanas discusses findings on illness as reported by older people, the extent to which they use medical care, their income, employment, living arrangements and resources for meeting the cost of sickness."

In addition, HIF's December 1960 issue of *Progress in Health Services* (also available free) is devoted to an analysis of **"Increased Life Expectancy in the U. S."** Four charts accompany an article which documents various aspects of the increase in the number of persons aged 65 and over, and points to a hopeful change in the concept of aging.

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In the December 1960 *Public Health Reports* (Vol. 75, No. 12; Superintendent of Documents, Washington 25, D. C.; \$4.25 a year, single copy 55¢) there is a special collection of papers and discussions which deal with aging processes:

Recent Advances in Geriatrics, by G. Halsey Hunt
Some Aspects of Gerontology in the U.S., by Stanley R. Mohler

Expansion of Cooperative Relationships Between Hospitals and Nursing Homes, by Robert Morris
Health and Welfare Services for the Aged, by Albert L. Chapman

Current Research on Aging, by Ewald W. Busse
Restoration of Vision, by Morris Feldstein
Environmental Stresses, by Steven M. Horvath
Loss of Hearing, by Edmund Prince Fowler
Podiatry for the Aged, by Edward L. Tarara
Nursing Services in Homes for the Aged, by Franz Goldmann

The Nature of Health Services, by David Littauer
Official and Voluntary Agencies, by Claire F. Ryder
Organization of the Family, by Albert F. Wessen
Visiting Nurse Service, by Emilie G. Sargent
Community Homemaker Service, by Marian R. Stanford
Trends in Home Care, by Franz Goldmann

Many of these papers were presented at the 1960 National Health Forum.

(PUBLICATIONS continued on next page)

PUBLICATIONS—cont.

"You've Opened the Door for 24 More," a well-illustrated and imaginative brochure sent out by the Jewish Home for the Aged, P.O. Box 3338, Houston 36, to appeal for financial support, clearly shows the many features of this old-age home. Single copies free, in limited supply.



"Home Care for Chronic Disease in the United States" was written by Mrs. Ellaleen C. Williams at the request of the Royal Society of Health for the *Royal Society of Health Journal* (Vol. 80, No. 2, March-April 1960). Mrs. Williams is Chief of Social Service, Chronic Disease Home Care Program, D. C. General Hospital, Box 147, Washington 3, D. C. A very limited supply of reprints is available from her.

This short article, providing some overview of the medical social worker's task in the U. S., will be of particular interest to those who want to develop casework services for the aging.



A very limited supply of copies of "Generic and Specific" in *Social Group Work Practice with the Aging*, is available from the author, Sebastian Tine, Executive Director, Senior Citizens Inc., 120 - 21 Ave. S, Nashville 4, Tenn.

This paper for the 1960 NCSW was prepared with Katharine Hastings and Paul Deutschberger "to identify those aspects of knowledge, skills, and attitudes necessary to the practice of social group work with older people, to determine

- (1) those aspects which are unique,
- (2) those which require modification because of this particular age group, and
- (3) those which are common to all social group work practice."



Free single copies of "A Study of Welfare Clients Residing in Institutions For The Aged in Dade County, Florida," are available, in response to requests on organizational letterhead, from Research Division, Dade County Health Department, 1350 NW 14 St., Miami, Fla.

This is a study of the characteristics of long-term residents in nursing and boarding homes at county expense, of the reasons for their being in this type of institution, and possible preventive means. Deals with medical, socio-economic, emotional and family relationship factors in the present and the past.

"Pharmacists' Growing Responsibility in Drug Control in Nursing Homes" appeared in the October 1960 *Professional Nursing Home* (Vol. 2, No. 10; Miller Publishing Co., PO Box 67, Minneapolis 40, Minn.; \$5 a year, single copy 50¢).

This article, by Mr. Kenneth Nelson (who is Consultant in Administrative Management of Medical Care Facilities in the Nursing Home Services Section, Chronic Disease Program, Public Health Service), shows that nursing home administrators want to elevate their standards, that help is needed from those in the medical care field, and that the handling of drugs in nursing homes by unqualified persons should get the attention of the pharmacy profession.

Professional Nursing Home started publication in October 1959 as "The Magazine of Practical Administration for Nursing Homes and Homes for the Aging." General offices are at 2501 Wayzata Blvd., Minneapolis 40. Articles on significant medical, social, and psychological advances emphasize practical application in the management of homes.



The December-January issue of *Modern Maturity* (Vol. 3, No. 6; published bi-monthly by the American Association of Retired Persons, Dupont Circle Bldg., Washington 6, D. C.; \$2 a year) features several stories and announcement reports on the White House Conference on Aging.



"Recreational Programs Desired by Older Adults—A Survey" summarizes the findings of an across-the-country survey based on questionnaire replies from older adults who attend clubs and centers sponsored by Sections of the NCJW. It was especially prepared for the WHCA to give a picture of service and of program variation, and of the participation of members, their interests and preferences in leisure-time activities. The survey opens avenues for future program directions, and should be of value to other organizations interested in providing the best possible services.

Copies are available without cost, in limited quantities, from the National Council of Jewish Women, 1 W 47 St., NYC 36:



The *1960 Annual Report* of the Methodist Hospital and Home for the Aged at 700 Bower Hill Rd., Pittsburgh 16, is available from Dr. W. F. Preset, Administrator. Send 10¢ in stamps. This is a well-illustrated report showing residents in various activities, and scenes around the home.

The Public Affairs Institute, 312 Pennsylvania Ave., SE, Washington 3, D. C. has published three studies on the issue "How Should We Pay For Our Health Needs?"

"Health Service Is A Basic Right Of All The People," by Dewey Anderson (50¢), which covers (1) Health Needs, (2) Health Facilities, (3) Health Personnel, and (4) What We Have A Right To Expect.

"Health Insurance For The Aged," by F. J. Seidner (50¢), which is described by PAI as "just what the debater, legislator, elder citizen, doctor, hospital chief, social welfare worker, club member, taxpayer, union member, and teacher needs to know . . . to be well informed on the burning issue of the day . . ."

"How To Get Safe Drugs And Cut Their Cost," by David Cushman Coyle (25¢), which is described by Senator Estes Kefauver as "an excellent factual research job."

PAI offers a package of all three booklets for \$1. Discounts are available on quantity orders.



A revised and updated WHCA publication, the previous edition of which was listed in *Aging* 68, p. 10, is **"Social Security: Aged Beneficiaries and Older Workers under Old-Age, Survivors, and Disability Insurance"** (January 1961, 64 pp.). It presents information about the OASDI benefits of aged persons, how they get along on these benefits, as well as facts about disabled workers, and the employment of older persons who continue to work. Copies are available from Information Service, Bureau OASI, Social Security Administration, Room 112, Baltimore 35.



"Michigan Nursing Facilities and their Patients: A Source Book of State and County Data" (172 pp.) is available, in limited supply, from Kenton E. Winter, Bureau of Public Health Economics, School of Public Health, The University of Michigan, Ann Arbor, Michigan. Requests (for single copies only, please) should be made on organizational letterhead.

Issued as the Bureau's Research Series No. 8, this volume contains the results of a statewide, county-by-county, study (made possible by a grant from The Ford Foundation for research in the social and economic aspects of health services for the aged) of nursing facilities in Michigan, their patients, and the services they receive.

The report was published to assist those who are responsible for providing nursing facility care in evaluating adequacy, and in directing efforts toward the improvement of deficiencies.

In **"Leisure—Time for Living and Retirement,"** recreationist Margaret Mulac presents at once an inspirational essay for middle-aged and older people in a leisure society and a provocative commentary on current community approaches to the provision of leisure activities for retired housewives and workers.

The author refreshingly recognizes that the future will bring more leisure with shorter work hours, longer retirement, and longer life. She then sets out to show how this may be incorporated into individual thinking and reorganization of one's pattern of living.

Many of the problems encountered in the later stages of life are discussed matter-of-factly and without effort to impose solutions. A number of the concepts underlying today's programming for older people are examined.

There are tactful suggestions that we need to use more of the knowledge of people that we have, and that we need more knowledge. Miss Mulac writes against the background of Cleveland which affords exceptional richness for a study on the type she has undertaken.

This 213-page book was published in late 1960 by Harpers, New York. It sells for \$3.95.



"The Aging American: An Introduction to Social Gerontology and Geriatrics," by Milton L. Barron (New York: Thomas Y. Crowell Co.: 1960; 269 pp; \$7.50) is the second text prepared for college-level courses in aging.

The author undertakes to cover a variety of subject-matter, including population and employment, the middle-age transition period, social services, and religion. He also reports on his studies of urban and rural aged, on older people as a quasi-minority group, and on his visit to European countries. Some of the topics are treated more intensively than they have been elsewhere.



"YOU AND YOURS," by Julietta K. Arthur (J. B. Lippincott, Philadelphia; 1960; 315 pp; \$1.95 in Keystone Books paperback edition (No. KB-22), \$4.95 for hard cover), is based on "How To Help Older People" (1954) by the same author.

According to the publisher, this book provides "down-to-earth guidance for everyone who faces the responsibility of caring for older people." It "discusses solutions to every sort of problem that old age presents to younger members of the family, with emphasis on preventing difficulties before they move into the critical stage."

Useful appendices; introduction by Dr. Wilma Donahue.

No. 75

Aging

January 1961

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

ARTHUR S. FLEMMING, Secretary

Published monthly by the Special Staff on Aging to share and exchange information about programs, activities, and publications among interested individuals, agencies, and organizations.

The first issue of *Aging* was published in June 1951.

Use of funds for printing this publication has been approved by the Director of the Bureau of the Budget August 22, 1960.

Subscriptions (\$1 for 12 issues, 50¢ additional for foreign mailing, or 10¢ for single copies) should be addressed to Superintendent of Documents, Washington 25, D. C.

All other communications may be sent directly to Editor of *Aging*, U.S. Department of Health, Education, and Welfare, Washington 25, D. C.

A Special Message To Aging Readers

By Arthur S. Flemming

Secretary of Health, Education, and Welfare

An ever-increasing nationwide interest in the problems, needs, and opportunities of older men and women has heartened all of us who have a direct concern with their welfare.

In this Department, with *Aging*, we have planned a realistic response to this wide interest, and we are meeting the growing need for a regular, interdisciplinary government publication in the field of aging.

We believe that complete dissemination of pertinent information is a prerequisite for the many necessary action programs which are being initiated by private, non-governmental groups, and by all levels of government. Without such information we cannot have well thought-out planning.

It has given me particular satisfaction to see the significant contribution made by our monthly "newsbulletin"—now nearly grown to magazine size—in helping to keep many different groups informed on latest developments by and for all who have an interest in the entire field of aging.

A recent rise in subscription sales to nearly 12,000 (which is nearly four times what we had in 1957), the addition of pictures, and the expansion in size, all speak for themselves. *Aging*, representing every reputable source known to us, provides a geographic and interest-group coverage which cannot be matched by any other periodical.

Under Secretary Adkins joins me in expressing the hope that this national information service for all of the United States will continue to prosper, and will insure a maximum exchange of valuable news and knowledge in aging.

New PHS Health Statistics Studies

DENTAL CARE—Volume of Visits (April 1960, 45 pp.) on volume of dental visits by type of dental service, age, sex, residence, region, race, income, and education. PHS Publication 584-B15, 35¢.

TYPES OF INJURIES—Incidence and Associated Disability (May 1960, 36 pp.) on the number of injuries and days of disability due to injuries, by types of injury, class of accident, sex and age. PHS Publication 584-B16, 25¢.

PEPTIC ULCERS—Reported in Interviews (June 1960, 26 pp.) on prevalence of peptic ulcers and associated disability by age, sex, and medical care status, based on data collected in household interviews during the period July 1957-June 1959. PHS Publication 584-B17, 25¢.

ACUTE CONDITIONS—Incidence and Associated Disability (June 1960, 34 pp.) on incidence of acute conditions and number of associated restricted-activity days, bed-days, work-loss days, and school-loss days, according to condition group, based on data collected in household interviews during the period July 1958-June 1959. PHS Publication 584-B18, 30¢.

VOLUME OF PHYSICIAN VISITS (August 1960, 52 pp.) on volume of physician visits by place of visit, type of service, age, sex, residence, region, race, income and education, based on data collected in household interviews during the period of July 1957-June 1959. PHS Publication 584-B19, 40¢.

ARTHRITIS AND RHEUMATISM—Reported in Interviews (September 1960, 26 pp.) on prevalence of arthritis and rheumatism, and the disability due to these conditions by age, sex, and medical care status, based on data collected in household interviews during the period July 1957-June 1959. PHS Publication 584-B20, 25¢.

DIABETES—Reported in Interviews (September 1960, 22 pp.) on the prevalence of diabetes and associated disability, by age, sex, and medical care status. PHS Publication 584-B21, 25¢.

LOSS OF TEETH (September 1960, 26 pp.) on persons who have lost all of their permanent teeth, by age, sex, residence, region, race, income, education, time interval since last dental visit, and volume of dental visits, based on data collected in household interviews during the period July 1957-June 1958. PHS Publication 584-B22, 25¢.

ACUTE CONDITIONS—Geographic Distribution (October 1960, 30 pp.) shows the geographic distribution of Acute Conditions, the associated days of restricted activity, and bed disability, by residence and region. PHS Publication No. 584-B23, 30¢.

ACUTE CONDITIONS—Seasonal Variations (November 1960, 47 pp.) on incidence of acute conditions and number of associated days of disability in each calendar quarter, according to condition group age, based on data collected in household interviews during the period July 1957-June 1960. PHS Publication 584-B24, 35¢.

Each of these publications is available at the listed price from the Superintendent of Documents, Washington 25, D. C. Single free copies are also available from the National Health Survey, Division of Public Health Methods, HEW North Building, Washington 25, D. C.

NEWS ITEMS

Rotary International's Area #528—"the world's most thickly populated Rotary Area"—is going "all out" for services to senior citizens. A Committee on Senior Citizens Affairs has released two brochures:

- an eight-page description of areas of service to seniors applicable as projects of individual Rotary Clubs, which describes examples of need, and on-going projects;

- a leaflet describing the El Segundo Rotary project designed for people home from hospitals but in need of corrective appliances.

For copies of the brochures: Arthur Riggs, Los Angeles County Senior Citizens Service Center, 306 W. Third St., Los Angeles 13.

★

Willis C. Gorthy, Director of the Institute for the Crippled and Disabled (23 St. and First Ave., NYC 10) died December 4 after a short illness. He was 52 years old.

Mr. Gorthy was widely known as an authority on the rehabilitation of the handicapped. He did pioneer work in the application of modern management methods to the establishment and operation of rehabilitation centers. At the time of his death he was President of the Conference of Rehabilitation Centers and Facilities.

His record of public service included assignments with the Tennessee Valley Authority, the U. S. Army, the Veterans Administration, and the United Nations. His work in setting up a model arrangement between the New York State Division of Vocational Rehabilitation and the Institute for the Crippled and Disabled has resulted in a pattern which is being followed throughout the country.

★

Representatives of 24 Indiana colleges and universities assembled December 5 under the auspices of the Indiana State Commission on Aging to form an "Inter-Collegiate Council on Aging."

Dr. Warren Shaller of Ball State Teachers College was elected Chairman of the group; Professor Margaretta S. Tangerman of Valparaiso University was elected Secretary.

The Council will serve as a clearinghouse for activities such as research, community organization, leadership training, professional training, and preparation for retirement.

More information: Dr. Morton Leeds, Secretary, Commission on the Aging and Aged, 3516 Central Ave., Indianapolis 5.

The December issue of *Added Years* (Newsletter of the New Jersey State Division of Aging, Department of State, Trenton 25) reports that 29 of 53 low-rent housing projects under development throughout New Jersey are set aside for the elderly.

When completed, within the next two years, there will be 2,659 housing units exclusively for senior citizens. Municipalities, through their local housing authorities, are recognizing the need for more adequate housing for senior citizens.

★

The 1961 Convention of the National Association of Methodist Hospitals and Homes is scheduled for January 31-February 2 in Kansas City, Mo., at the Hotel Muehlebach. Featured speakers include Dr. Prescott Thompson of the Menninger Foundation Staff, and Dr. Edward L. Bortz, Lankenau Hospital, Philadelphia.

More information: NAMHH, 740 Rush St., Chicago 11.

★

Theodore R. Isenstadt has been appointed by the Family Service Association of America (215 Park Ave., S., NYC 3) to direct their new four-year project in aging which is supported by The Ford Foundation. Aim of the project is to improve specialized work of Family Service agencies to help older people and their families. (See *Aging* 74, p. 6.)

Mr. Isenstadt comes from the position of Executive Director, Jewish Family Service Association of Essex County, Newark, N. J. He begins his new duties January 30. He has been responsible for the development of a variety of specialized services for older people; he has held positions in both the Federal Bureau of Old Age Assistance and the New York State Department of Social Welfare.

★

U. S. DEATHS AND DEATH RATES

Source: *Vital Statistics of the United States, 1959* (in preparation), National Office of Vital Statistics, National Center for Health Statistics, U. S. Public Health Service, DHEW, Washington 25, D. C.

(Deaths occurring within the United States. Rates per 1,000 estimated midyear population residing in the area for the specified group.)

Color & Sex	Deaths	Death Rate		Percent Decrease*
	1959	1959	1958	
White				
male	834,651	10.8	10.9	0.9
female	626,189	7.9	8.0	1.1
Nonwhite				
male	108,437	11.3	11.6	2.6
female	87,537	8.6	9.0	3.9
TOTAL	1,656,814	9.4	9.5	1.3

* Percent decrease computed on rates per 100,000 population.

South Carolina: WHCA Sparks Broad Progress in Aging

By Mrs. Joan Reynolds Faunt, Information Officer, South Carolina Legislative Committee on Aging, Room 218, 1001 Main St, Columbia, S. C.

South Carolina has, since the creation of its Legislative Committee on Problems of Aging, and the completion of its statewide survey, taken a number of concrete steps toward meeting the problems and opportunities of aging.

Housing

In the area of housing, several new projects are now underway or in the planning stage.

In Aiken, the Federal Housing Administration has set up a special plan to bring retired persons to that noted winter resort, and homes in a city housing project will be rented for \$50 a month, a reduction of \$20 from the regular rent in Crosland Park, one of the several projects built during the Savannah River Plant boom. If this project proves a success—and it is expected that Aiken's mild climate and favorable location will attract many retired persons—similar plans will be put into effect in other areas.

Residential Apartment House

The Greenville County Foundation is studying the format of Willamette View Manor, model home for the aging near Portland, Oregon, with the hope of establishing such a residential apartment house in the Piedmont city. A founder's fee will be required for admission, and a monthly charge will cover all needs. Full recreational facilities are to be provided.

The Ocean Forest Hotel at Myrtle Beach, a famous resort area, has been sold to a Baltimore firm which plans to turn this 200-room hotel into a home for the elderly.

Senior Citizens Clubs

The Senior Citizens Club of Greenville has already organized 14 separate groups in the county, who come from churches, the city recreation department, retired teachers, textile plant workers, and the like. Most of the activities so far are related to recreation, sports, handicrafts, and the like. A fall "round-up" of senior citizens was held, and another is planned for the spring. Negotiations are underway for a headquarters, which will be acquired through the aid of the city recreation department. Leaders are being instructed how to organize and operate senior groups.

Another Senior Citizens Club, at Rock Hill, is active, and a recent survey determined areas of

interest of the members. They enjoy horticulture and hobbies, including ceramics and other crafts. Their public library is a great asset. The Rock Hill Junior Women's Club has provided transportation and other volunteer services each week, and members have become "favorites" of the oldsters.

Camden Woman's Club

A senior citizen program which has achieved national recognition is that sponsored by the Camden Woman's Club. The club serves men and women over 50 in three ways:

- the monthly club meeting,
- the weekly crafts program, and
- the outdoor section, which meets one afternoon a week and is available for use at any time by seniors.

The monthly club meetings began in September 1959, with regular sessions in the YMCA building.

The Woman's Club also sponsored 1959 and 1960 Christmas parties at the Salmond Community Center. A summer patio party was held at the same center, picture shows have been exhibited at the school, and a joint meeting was held with the croquet players in the Senior Citizen division of the City Hall Park. Many who attended the first meeting still come regularly.

Craft Room

A craft room was activated in February 1960, with a program for one afternoon a week. At the very first meeting, however, the seniors changed this to a weekly all-day session, each bringing a lunch. They sometimes expand the lunch to a pot-luck dinner, which is always a real spread. Craft workers meet in a room given for their sole use by the owner-operator of a famous winter hostelry. A busy mother of school-age children has, from the first, served as volunteer craft chairman. She also serves a beverage with the noon meal.

Support From Industries

Industries, both local and from far away, have furnished large quantities of cotton, synthetic, and leather materials. These have been transformed into woven, crocheted, and braided rugs; a variety of dolls and stuffed animals; small quilts or laprobes; scuffies; woven pot-holders; and plain and fancy sewing of many kinds. The seniors have made leather baby shoes, briefcases, book bags, and all sorts of women's handbags.

Supplies for ceramics are purchased by the

Woman's Club, but whenever they can, seniors pay cost of materials they use. The seniors have themselves contributed much to the craft program, including a rug loom.

Only Volunteer Services

No funds have been solicited for this program of the Camden Woman's Club. All services have been volunteer, and all space has been donated. The program, which originated as a small-scale project, was enhanced and expanded in May 1960, when the Camden Golden Age Council (men

and women of all adult age groups) was organized and assumed its further sponsorship and promotion. When it launched the program, the Camden Woman's Club (which has received State and National prizes for its work) had a membership of only 16. The Golden Age Council now has 63 members, with a 15-member board to transact much of the business.

For more information: Miss Mary Eve Hite, Executive Secretary, S. C. Legislative Committee on Aging.

Arkansas:

Results From Governor's Conference

By Mrs. Fannie B. Beard, Consultant, Governor's Commission on Aging, PO Box 2981, Little Rock.

Our State Conference on Aging focused attention on many specific problems of the aging, and since that time several new activities have resulted:

- A Senior Citizens' Center has been set up in Fort Smith, patterned after "Little House" in California.

- A florists' assistant course for older worker job applicants has been completed. (See *Aging* 74, p. 2.)

- Nine counties observed a "Senior Citizens' Day" at their county fairs, with remarkable success.

- Four forums on "Jobs After 40" have been held in different sections of the State; two of them were broadcast on TV. Congressmen, home on vacation, were interviewed, and employers and

applicants had an opportunity to exchange their viewpoints at these sessions.

- Training has been stepped up in many potential employment fields for older workers: sales, practical nursing, and commercial maid.

- One large Protestant denomination established a retirement home in Hot Springs; another large denomination is planning a retirement village in Little Rock.

- A new housing development for the aging was started in Camden; a new hospital wing has been added in the same town.

- Recreational projects are being discussed and planned for the winter season.

- Nine permanent local organizations for Senior Citizens have developed from State Commission on Aging activity in the counties.

We feel that these results from the efforts of the Arkansas Commission on Aging cannot be overestimated.

They are only some of the accomplishments to date; we expect many more.

New Income Tax Form For Medical Deductions For Aged

This article was prepared for *Aging* by the Public Information Division, Internal Revenue Service, U. S. Treasury Department.

The U. S. Internal Revenue Service announced in December a new tax form (Form 2948) to aid taxpayers who are entitled to more liberal deductions for medical expenses because of their age or that of their wives or dependent parents.

Form 2948, with instructions, is now available at local Internal Revenue Service offices, which will be glad to assist those taxpayers with more complex situations. The new form clarifies instructions accompanying Forms 1040 and 1040W mailed to taxpayers after the Christmas holidays, specifically covering these deductions for medical expenses of those 65 or over.

3 Percent Limit Waived For Aged

As in prior years, if either the taxpayer or his wife has reached age 65 before the close of the tax year, the medical expenses of both can be deducted without being subject to the general limitation of such deductions to the excess over 3 percent of adjusted gross income.

As a result of a new law passed this year, medical expenses incurred for a dependent parent of 65 or over can also be deducted without being reduced by 3 percent of adjusted gross income.

The Treasury Department advises that the new tax schedule is considered the simplest method for taxpayers to reflect the more liberal medical expense deductions enacted this year.

The revision illustrates the difficulties encountered in keeping the tax form simple, while at the same time reflecting special provisions of the tax law.



WHCA Officials From Rocky Mountain Region

Four State officials from DHEW's Denver Region posed for *Aging's* photographer with their host in Washington at the November WHCA planning meeting for Governor's Designees.

(L. to r.) Dr. James W. Sampson, Chairman of the Wyoming Governor's Committee on Aging; Mr. Anthony Sedar, Executive Secretary of the Colorado Governor's Committee on Aging; Mr. Ralph C. Knoblock, Chairman of the Montana Committee on the Problems of the Aging; Mr. Robert H. Grant, Director of DHEW's Special Staff on Aging; Mr. Glenn H. Johnson, Chairman of the Assisting Committee of the Utah Committee on Aging. Not shown: Mrs. Helen Thomson, Executive Assistant for the Idaho Governor's Commission on Aging.

Indianapolis:

A Case of Community Cooperation

By Martin Tarcher, Director, Project on Aging, Health and Welfare Council, 615 N. Alabama St., Indianapolis 4.

In Indianapolis, the Health and Welfare Council, the Indiana University Division of Social Service, several churches, and a group of retired civil service employees, have completed an important phase of their efforts to improve the housing situation for the community's older citizens.

With the cooperation of the FHA and the Indianapolis Redevelopment Commission, these groups have been investigating the possibility of constructing a low-rental apartment building for the elderly in a redevelopment area near the center of the city. So that this investigation might be based on a solid foundation of knowledge and understanding, two groups of students from the University Division of Social Service studied

the characteristics of some of the city's older people, and their housing needs and desires.

Working under the guidance of their faculty advisors, and in consultation with us, the students concentrated their efforts on two groups:

- the aged presently living within the redevelopment area, and
- the older members of some of the interested churches.

This approach pointed up the similarities and differences in the needs and desires of a low income group that must soon face the problem of relocation, and a relatively well-to-do group confronted with no such immediate pressures.

The findings of these studies will give direction to our community's efforts for the construction of apartment buildings, and will serve as a basis for a more detailed study of the housing needs of the aged in Indianapolis by the Health and Welfare Council and the Division of Social Service.

New Social Security Film

"Before The Day"

A new motion picture, "Before the Day," explains what happened *before the day* social security started and what happens *before the day* a beneficiary's social security check arrives. This half-hour documentary was premiered August 14, 1960, on a nationwide NBC telecast, exactly 25 years *after the day* President Roosevelt signed the Social Security Act.

"Before the Day" is a blend of documentary footage from the past quarter century of the Nation's history, and the stories of some of the nearly 15 million people who receive social security benefits today. Historical shots provide an interesting contrast with the present, showing that today nine out of ten people have a basic

protection against major financial hazards caused by old-age, disability, death, or unemployment. Today the people know that the system is working for them long *before the day* of need arrives.

Milner-Fenwick, Inc., of Baltimore produced this 28½ minute black-and-white movie for the Office of Information, Bureau of Old-Age and Survivors Insurance, Social Security Administration. Eric Barnouw and Gene Starbeker wrote the script; William Garroni was director of photography.

The unusual musical score was composed by Ron Nelson of Brown University and performed by the U. S. Air Force Symphony Orchestra. Norman Rose narrated the film.

Prints of the film for showings are available without cost in both 16 and 35-mm size through local offices of the Social Security Administration.

A NATIONAL REPORT

Nine DHEW Regions Report Progress; New Programs, Organizations Established

(These reports were presented to the National Advisory Committee for the White House Conference on Aging at the joint meeting of the NAC with WHCA Governors' Designees in Washington on November 16, 1960.)

REGION I (Boston)



By Donald P. Kent, Ph.D.
WHCA Governor's Designee
from Connecticut

By definition a New Englander is "a person who thinks otherwise."

Given so strong an emphasis upon individualism, it becomes something of a task to draw out the similarities because—at times—we feel that the only thing we do have in common in New England is a geographic proximity and a feeling of good neighborliness.

But there *are* areas of agreement and similarities among the six New England States.

In the first place, all of the New England States have a greater proportion of their population over 65 than does the Nation as a whole.

Secondly, all of the New England States have a long tradition of local autonomy. The "Town Meeting" is a viable, on-going institution in New England, and activities have to start in New England with your local towns, your local communities.

Another characteristic of New England is that we have a tradition of depending upon volunteer services. We draw upon the services of our citizens, our neighbors, without paying them—asking them to serve in public life.

And at the same time, all six of the New England States have on-going programs in the field of aging. Five States have permanent commissions or committees on aging.

So, in a very real sense, our preparations for the White House Conference on Aging, were less the development of *new* programs than the exten-

sion of programs already in existence—of bringing to the people a consciousness of what has been done and what yet needs to be done.

There is one other similarity about our New England States and their approach to the White House Conference that I would like to emphasize: all of us were in agreement in the way we looked at the whole White House Conference. We felt that it provided an opportunity for us to mobilize local resources, an opportunity to involve a great many people and at the same time to inform and educate a great many people.

We looked upon the whole preparation—not as pointing toward the meeting in Washington—but as only one part of an on-going process which included our State plans, local and regional meetings, State conferences, State recommendations pointing toward the January meeting, and the January meeting itself.

But we did not stop there. Each of the New England States has already made plans for a follow-up after the Conference. We have made plans so that there will be a take-back to the States as to what we did in Washington and how we can further implement our plans.

Let me now very briefly describe what the individual States have done, with just a few highlights.

Maine

In Maine, they held their conference September 14 in Augusta, and they had some 350 persons in attendance.

The one thing that struck me about Maine's preparation was the tremendous **publicity job** in the State. Starting three months before the conference, a press release went out every week to all of the press services in Maine—each of the papers.

As a consequence, in Maine, there was not a week for three months prior to the conference that most of the papers did not have some blurb about either the conference, the delegates, or programs on aging in the State of Maine. In fact, 90 per cent of the Maine papers even gave editorial space to the WHCA and Maine's participation in it.

I might say, too, that this was done in Maine without a professional staff, but by asking one of our fellow citizens to give one-half day a week to devote to publicity. (I might say it's a member of our National Advisory Committee who did this.)

(NATIONAL REPORT continued on next page)

(NATIONAL REPORT—continued)

Massachusetts

Massachusetts held a conference in May with some 600 people in Boston.

Massachusetts was the first State to establish a State-subsidized housing program. Massachusetts has invested today \$74,000,000 in public housing for elderly persons. Massachusetts has constructed and occupied 2,400 units of housing for older persons. This was given a tremendous impetus during WHCA preparations, and I am told by their Housing Authority people that 2,000 more units are on the books, underway in Massachusetts. The State became aware tremendously of the programs that they had, and also of future needs.

Vermont

In Vermont they held a State conference in August in Burlington with 300 in attendance. I think the thing that strikes me particularly about Vermont was the fact that they arrived at a **co-ordination** between their State government departments. Each of us knows that in every State there are welfare departments, mental health departments, public works departments—all of whom have a stake in aging. Frequently they work independently.

During this preparation for the White House Conference these people were brought together; they started to work on problems of the Conference and ended up by having a much better integrated system of State organization.

At the same time they involved certain other groups. Their Nursing Home Association was involved and this has resulted in a reevaluation of nursing-home standards and an elevation of standards in the State of Vermont.

New Hampshire

New Hampshire had a State conference that was extremely successful. A large number for a New England State—some 600 attended.

The thing that strikes me as I watch New Hampshire's program develop is the marked **involvement of local communities**. The Governor's Designee worked with professional groups—social workers physicians, nursing home operators—and had them organize local community councils. Local committees were organized throughout the State. Each of these local committees in turn ran conferences, made surveys, and this pointed up to their State conference. It was a splendid example of organization at the local level.

One result of this, one of the by-products, was the publication of a series of directories of services for elderly persons. Another by-product was the creation of "half-way homes" for elderly persons who are released from State hospitals but not yet able to maintain independent living. Both of these developments came in large measure through the impetus given by the WHCA.

Rhode Island

Rhode Island did several very interesting things. They had a very **long and serious preparation**.

They got underway very quickly and had a Governor's Conference to kick this thing off, and then another Governor's Conference to tie it together. At the first Governor's Conference certain problems obviously came up, for example, with respect to income maintenance, and it was suggested that perhaps old-age assistance should be tied to some cost-of-living index. As a result of a recommendation from this conference they went out and had a study made at one of the universities in Rhode Island which brought back information. (Incidentally, they brought back that it won't do very much good to tie OAA to the cost-of-living index, the problem of income with older people is not that inflation is depleting their resources, the problem is they have too few resources to begin with).

Rhode Island did other things. They involved a great many voluntary groups. The Dental Society of Rhode Island, for example, working with their Committee on Aging, developed a program for home-bound welfare patients. And one of the local committees, set up by the State coordinator, succeeded in needling a local housing authority to apply for PHA funds to construct housing, and this is under way.

Connecticut

In Connecticut we have tried to involve a **great many people**.

We are known as a "Commission State." We have a great many voluntary organizations. We are a highly organized state. We work very well together.

Conferences, seminars and institutes were run in Connecticut by each of these groups: The American Association of University Women, The National Council of Jewish Women, Connecticut Council of Churches, The Chambers of Commerce, Association of Housing and Redevelopment Officials, Connecticut Society of Gerontology (which is the oldest society of gerontology in the country and ran five regional conferences), Chronic and Convalescent Hospital Association—each of these groups put on regional conferences.

From these came a series of directories of services for older people that have been published for each of our major cities.

Also working with our Dental Society we have developed a program of dental care for home-bound patients. This has been, incidentally, put on film to be shown at the WHCA.

In summary, I think we have to look at the White House Conference in two ways: both in its short-term effects—which is the kind of thing I have been describing—and, perhaps more important than that, in terms of its long-term effects.

And in terms of long-term effects, this we know: we have involved in New England a large number of persons have made a commitment to aging.

This large number of well-informed people committed to aging—press agents for aging—means, I think, a better future for all of us.

REGION II (New York)



By Mrs. Eone Harger
WHCA Governor's Designee
from New Jersey

I almost want to say it's unfair to have to follow Dr. Kent. He always speaks so beautifully. Let me steal part of what he said, and say "it sounds like my States, too."

As you may know, we have about as great a contrast as we would have in our region: We have New York and Pennsylvania, and also New Jersey and Delaware.

The amazing thing to me as I received the reports from my fellow State Designees were the interesting variations each of us made, after receiving exactly the same instructions.

It reminded me of a schoolroom where the teacher had said, "Now, each of you draw a picture of a house." When you go and look at all the pictures on the wall of that schoolroom, you wonder how there could be so many different types of houses.

That's what happened when each State took its instructions and started to work.

Delaware

In Delaware, their first act was to set up a Division of Aging in their Department of Welfare. Then they ran two State conferences.

Interestingly enough, they ran them very early—in June. They brought in 200-250 people, and began to get the grass roots interested, and out of the decisions at these conferences Delaware made their recommendations.

Pennsylvania

In Pennsylvania they worked through a county system and had each county hold a conference.

Since Pennsylvania has a great many counties, this led to a lot of "grass roots" work and *this* is one of the basic things from Pennsylvania. They received a lot of staff work from the offices of the various State departments, and thus combined professionals with lay persons to develop their recommendations.

New York

In New York State they started "at the other end." They set up first a Committee of One Hundred who are the delegates to the White House Conference itself. Then these people fanned out through the State and, again, got the grass roots interested. They held two State conferences. They held seven regional conferences. Then they developed their recommendations.

New Jersey

New Jersey took a little bit from each one of these other States. We were fortunate that we already had a Division of Aging, so we didn't have to get a special law as in Delaware. We picked an Advisory Committee of about a hundred people, but they were not necessarily the delegates. They were set to work to plan four State conferences. We didn't have one large conference because we had just last year one of these large "standing-room-only" conferences—and we felt people needed to talk together.

In addition, we had 21 county conferences—and out of all of these came a multiplicity of recommendations. The county recommendations were built into the recommendations from our State.

The interesting thing about each of these four States is that they combined different methods of setting up agencies on aging, they combined different kinds of county conferences, State conferences, advisory bodies, grass roots participation, etc., and all were preparing for the same White House Conference on Aging.

(NATIONAL REPORT continued on next page)

(NATIONAL REPORT—continued)

REGION III (Charlottesville)



By Margaret C. Schweinhaut
WHCA Designee
from Maryland

Region III's charm depends not upon its similarity, as is the case with the New England group, but upon its diversity and infinite variety. I maintain that if there is any way to find out in miniature what these United States are all about, and what older people in the United States are feeling and want and need, that we have the opportunity to do so in Region III.

On an overall basis I would say that there are two outstanding matters in our Region that should be stressed.

The first is a personal one. In our Region we have had the inspiration (and I mean this word in its fullest sense), the inspiration—combined with the practical help and suggestions—of an outstanding gentleman, Burton Aycock, our Regional Representative for Aging. He brings to us the best of what he's learned from other places in our Region.

The second is that immediately following the last Governor's Conference in our Region, Mr. Aycock called us all together on the basis of "What next?" Not on the basis of what we have done, to put ourselves on the back—but "What next?"

We traveled from all States in Region III to Charlottesville and there we said what we had been doing and what we proposed to do. Then we culled from everything that was said by the representatives of the various States the very best they had to offer in order that we might go home and do likewise in those areas where something new and original had been thought of—and there were many.

North Carolina

North Carolina has been organized in aging on a very broad basis since 1956. And I think it's interesting to note that in every one of the 100 counties in North Carolina there is a committee on aging, and that they are doing outstanding pioneer work in the field of homemaking and foster care.

Kentucky

Kentucky has been able to interest and involve its Governor sufficiently so that the Governor out of his contingency fund is giving the Commission on Aging money to continue until such time as the legislature can take official action and set up a continuing budget.

Virginia

In Virginia—well, if you people have been receiving the Virginia reports, it would not be necessary for me to mention to you that I think of all the reports that have come in so far, none is so outstanding, so artistically put together and such a report in depth as Virginia's.

I think this has been one of the outstanding characteristics of Virginia—in addition to the fact that the Legislature of Virginia now is turning to its Commission on Aging for advice in those fields which touch on the needs of aging people.

West Virginia

In West Virginia, one of the things that is very striking is the fact that a real effort has been made to involve not just the urban peoples, but the farm women. And this has been done on an amazing basis. Programs are going ahead in West Virginia under the auspices of the farm women of the State.

Certainly this is recognition of one of the great areas of need that perhaps some of us have not quite fully grasped.

District of Columbia

A few months ago the good people in the District were very concerned about budgetary matters, but now the Commissioners have put into their budget on a long-term basis money to continue the District of Columbia Commission on Aging, and I certainly do congratulate them since I have some understanding of the difficulties of the District of Columbia budget.

I think it is interesting also to comment upon the fact that at the District of Columbia Conference they held a health-screening session and they are continuing to hold these sessions at the places where the older people are. In other words, they are taking this health-screening to the older people themselves—rather than trying to attract the older people to come and have health-screening at a central place. This is most commendable and most interesting, and something we might well consider very carefully.

Puerto Rico

In Puerto Rico the emphasis has been on proper housing for older people.

And I think also it's a very sweet touch that for many years Puerto Rico has had a day which it calls "Honoring Our Older People Day." This has been so successful that it is being expanded into a week of "honoring our older citizens" emphasizing practical aids and help extended to the older people.

Virgin Islands

In the Virgin Islands emphasis has been on the employment problems of older people. This is a labor shortage area, and the effort there has been very great, and expanding all the time, to meet this labor shortage by bringing more and more older people into employment and by giving them training. There also has been new emphasis here on more suitable living arrangements for older people.

Maryland

I doubt there's any State in the Union that's done so much so fast.

Immediately upon the organization of our Commission, we co-sponsored something known as "Operation Job Lift" and it was extremely successful and, of course, had to do with employment.

And we were able to convince our Governor that if we had any hope whatever to make an impression on outside employers about the matter of employing mature people, we first had to set the State's own house in order. On October 21, 1959, the Governor, accepting our recommendation, announced a policy in State government, so far as employment is concerned, that age, as such, would no longer be considered a criterion for employment within the State system (the one single exception was the State police).

We have just organized on a statewide basis what we call a "Friendly Visiting" for nursing homes, and we are going to work this out on a community-by-community basis.

We have 23 counties in Maryland—seven of them now have commissions and I hope within the foreseeable future all 23 will have commissions.

There is not time to tell even a good part of our Maryland story. (Our record-breaking State Conference was described in *Aging* 73, p. 2.) As you can imagine, I've merely scratched the surface of what it is we have done and hope to do. Anybody who would like a full report—let us hear from you.

(Reports from the other DHEW Regions will be included in the next issue of AGING.)

Alabama:

State Nurses' Association Completes Valuable WHCA Survey

By Catherine Corley, Chairman, Committee on Aging, Alabama State Nurses' Association. Miss Corley is Director of the Division of Public Health Nursing, Department of Public Health, State Office Bldg., Montgomery 4. This article was prepared for *Aging*. A more complete report on the survey appeared in the November 1960 issue of *The American Journal of Nursing*.

Over a thousand persons over 65 were interviewed by Alabama nurses at the request of the Committee on Aging of the Alabama State Nurses' Association in a survey for the WHCA. In addition, members of home demonstration clubs interviewed persons in this age group in 20 counties selected at random.

The cost of preparing, distributing, and tabulating questionnaires was borne jointly by the Alabama State Nurses' Association and the Alabama State Health Department. The Alabama Medical Association paid for editing and mimeographing the entire report of the Subcommittee on Health of the Governor's Committee on Aging.

Replies indicated that a good cross section of the aging population had been reached by this survey: male and female, Negro and white, rich and poor.

Information on Medical Costs

More than half the number of persons interviewed reported incomes from \$0-\$999, yet disproportionate amounts were spent on various prostheses. Hearing aids accounted for the greatest average expenditure, with dental plates second.

Large amounts were spent on drugs, although the supposition that more is spent for over-the-counter than for prescribed drugs was not borne out.

While many of these oldsters were valiant about their situations, it was obvious that much of the health service they need is not available to them, and in some cases it is entirely lacking.

The valuable information from these questionnaires was promptly made available to members of the Governor's Committee on Aging in 13 other areas affecting the aging citizen.

The individual nurses who took part in the survey feel that the information will help them to take an active part in implementing WHCA recommendations. One by-product was a new focus among the nurses in their own personal problems of aging, and what they should now be doing about them.

And With No Side Effects

Doctor Hails Rocking Chair For Pepping Up the Aged

From the Herald Tribune Bureau

LONDON, Dec. 29.—A rousing cheer for the rocking chair was given today in "The Lancet," a prominent British scientific magazine.

It is not so bad when it gets you, Dr. R. C. Swain said in an article, because it is an aid for some illnesses of old age, particularly stasis, a condition in which the circulation ceases.

Dr. Swain, now at the London School of Hygiene, was formerly a practitioner in Ontario, Canada. There, he said, he was "struck by the excellent mental

and physical state of those who survey my entrance to their homes from a rocking chair."

Rocking chairs, he said, "enable even the most feeble to take exercise, encourage circulation generally, promote respiration, stimulate the movement of joints, encourage sleep through repetitive and sedative effects and psychologically constitute a socially acceptable activity, encouraging the individual to take part in home life."

Also, Dr. Swain pointed out, the rocker is cheap, non-toxic and has no side-effects.

This item is reproduced, by permission, from the New York Herald Tribune, December 30, 1960, page 6.

Albany, New York:

Mental and Physical Fitness

Discussed at Ninth Annual Conference

By Raymond Harris, M.D., Assistant Medical Director, Ann Lee Home, Watervliet, N. Y.

Shorter Legs on Hospital Beds

"The nation's hospitals can save \$1,000,000,000 a year in nursing care costs by taking hacksaws and chopping off a million legs from the high hospital beds used in institutions," declared Dr. Leo Dobrin, New York City physical medicine expert at the recent Ninth Annual Capital District Conference on Aging, sponsored by the Albany County Welfare Department. "Such short-leg hospital beds enable more elderly patients to get in and out of bed safely by themselves at will." Dr. Dobrin spoke on the theme "Mental and Physical Fitness for Aging."

More Sports and Recreation

A panel moderated by Commissioner of Health, Dr. Robert P. Whalen, discussing physical fitness for aging, urged greater activity and participation in sports and recreation. Olympic boxing coach Ben Becker decried the "recreational moron," and recommended a wide spectrum of activity depending on the age and physical condition of the person. "We rely too much on sedentary arts and crafts which is o.k., but they

need vigor. Move the aged," he suggested.

Two Albany physicians shared these sentiments, and prescribed more excitement and interest in life, and "activities," as antidotes to aging. Other suggestions to increase physical fitness for aging included setting aside of safe areas in parks for bicycling and walking for older people, as well as greater concern of recreational directors for programs for older people.

Mental Fitness

A second panel, moderated by Welfare Commissioner Marsh Breslin, concerned itself with mental fitness for aging.

Sociologist Egon Plager pointed out the need to recognize that oldsters, like young people, crave social recognition and status, a sense of usefulness, a purpose in life and economic security. Psychiatrist Ian Funk noted the role of physicians and nurses in improving the mental health of their patients. Mental hygiene expert Hy Forstenzer emphasized the need to provide a round trip ticket for the elderly patient who is shipped off to a mental institution. After such patients improve, he suggested, they should return to their communities.

The crux of the problem is that, although the elderly person is ready to return, the community often is not ready to care for him. The best solution may be a "halfway hospital" in the community to help elderly patients with poor mental hygiene to readjust from a State Hospital regime while getting ready again to live in their own communities.

Community Responsibility

The thesis that care for the elderly senile person is as much a responsibility of the local community as of the State or Federal government was also shared by Dr. Helen E. Elliott, Assistant New York State Mental Hygiene Commissioner, who said that "Community participation programs for the aged will do more to improve the emotional climate for aging than anything physicians can do."

At the Conference, clinical geriatric rehabilitation rounds with Dr. Robert Hoffman were made in the Ann Lee Home. Welcoming addresses were delivered by Mayor Erastus Corning of Albany and John J. Phelan, Medical Director. Nutritional consulting service by local dieticians was available through the Hudson Valley Dietetic Association.

Over 300 professional and lay community leaders participated.

"Budget For Retired Couple" Revised By Bureau of Labor Statistics

By Miss Mollie Orshansky, Division of Program Research, Social Security Administration, DHEW, Washington 25, D. C.

For further details see November 1960 *Monthly Labor Review*: "The BLS Interim Budget for a Retired Couple," by M. S. Stotz; and December 1960 *Social Security Bulletin*: "Budget for an Elderly Couple: Interim Revision by the Bureau of Labor Statistics," by M. Orshansky.

A favorite question today is "How much money does an elderly person need to get along?"

The person approaching retirement wants to know if he can afford to retire, and perhaps also to determine where the best place to live might be, given his own financial situation.

The newly-issued BLS "Interim Budget for a Retired Couple" is a tool more useful for a person evaluating the retirement needs and resources of an entire population than for an individual planning his own future, although it satisfies in full the requirements of neither.

"Modest But Adequate"

Budget costs of "a modest but adequate" level for a retired elderly couple in 20 large cities in autumn 1959 were estimated for a retired man and wife in reasonably good health for their age, requiring no unusual medical or other services, keeping house by themselves in a 2- or 3-room rented unit.

In terms of concepts comparable to the original 1948 Social Security Administration budget—which the present version revises and updates—the costs range from a low of \$2,390 in Houston to a high of \$3,112 in Chicago. In terms of concepts comparable to the current city worker's budget, the costs range from \$2,390 to \$3,366.

Budget Not Applicable To Typical Case

The living arrangements assumed for the budget describe the situation of only a minority of elderly people today.

The more typical couple lives in a home they own rather than rent. How the cost range of \$2,390 to \$3,366 must be adapted for those in small cities and towns, and for the large number of widowed, divorced, or single older people who live alone or share the home of a relative, is still an open question.

Furthermore, the cost estimates for each city apply only to couples already established there, not to those newly moving to the city and having to find housing.

All the estimates are derived from averages. Thus they cannot be used for the "unusual"

family, and even a "usual" family can have an unusual year.

On the whole, the budget costs appear relatively high compared with the income of the elderly even when allowance is made for the estimated savings in housing costs that many have as homeowners. Relatively few couples with incomes less than the cost of the budget standard would have sufficient savings and other assets readily convertible into cash to make up the difference.

On the other hand, how much families need and how they spend their money are highly individual matters of balancing resources and preferences. It is important for a retired couple to consider how well they were able to live before, and to inventory the goods they have on hand.

Evaluation For Social Security Purposes

In and of itself, the budget cost should not be used as the goal or measure of adequacy for social security program payments: social insurance benefits were always intended as only a minimum guarantee of support, and the purpose of public assistance is to supplement other income of needy individuals in accordance with State standards.

But the budget can provide a point of departure for appraising the adequacy of the standards set by public assistance agencies and for interpretation of these standards by the community.

Together with other data about resources of the elderly, it can also be a useful adjunct in setting upper and lower limits for insurance benefits.

Budget Costs, Autumn 1959

	(1) Total, comparable to "original" elderly couple's budget.	(2) Total, comparable to current city worker's family budget.	(3) Cost of rent, heat and utilities only.
Atlanta	\$2,467	\$2,720	\$ 778
Baltimore	2,571	2,840	802
Boston	3,067	3,304	1,029
Chicago	3,112	3,366	1,067
Cincinnati	2,698	2,925	821
Cleveland	3,011	3,244	1,015
Detroit	2,865	3,096	858
Houston	2,390	2,641	694
Kansas City	2,802	3,034	942
Los Angeles	2,851	3,111	862
Minneapolis	2,906	3,135	962
New York	2,812	3,044	849
Philadelphia	2,684	2,909	754
Pittsburgh	2,842	3,102	863
Portland, Oreg.	2,792	3,049	817
St. Louis	2,858	3,099	970
San Francisco	2,949	3,223	919
Scranton	2,429	2,681	595
Seattle	2,990	3,252	921
Washington	2,770	3,047	921

LETTERS TO THE EDITOR

Many of my colleagues on the National Advisory Committee for the White House Conference on Aging have expressed an interest in our Cedar Apartments—Golden Age Center.

We now have reprints for readers of *Aging* of newspaper stories commenting on the award of a contract for the construction of Wade Apartments, our second development, which will have special new features for the comfort and safety of aged occupants.

Cedar Apartments was built some years before the 1956 amendment to the Housing Act encouraged construction of housing for the aged by both private and public enterprise. Wade Apartments, being built under the new Act, permits for the first time construction of public housing for single elderly person occupancy.

Readers of *Aging* who visit Cleveland may be interested to see these developments.

ERNEST J. BOHN

Director

Cleveland Metropolitan Housing
Authority

1332 W 28 St., Cleveland 13.

Reprints of "A Place to Live, Not to Die" (*LOOK*, November 8, 1960) are available @ 10¢ as long as the supply lasts, or @ 5¢ each for orders of 250 or more. We will go to press again only for orders of 300 and over.

This is a picture article on San Antonio's Victoria Plaza, which demonstrates how an imaginative public housing agency can offer new life and dignity to the aged. (See *Aging* 71, p. 1)

We appreciate your interest and this opportunity to be of service.

ANNE CELLI

Assistant to the Editors of *LOOK*
488 Madison Ave, NYC 22.

We think you may be interested to know that "A Short Guide to Social Survey Methods" (October 1960; 24 pp.), is now available from Messrs. Phiebig, PO Box 352, White Plains, N.Y., @ \$1 postpaid. It is sold by our Publications Department in London for 2/6d.

This booklet has been drawn up by this Council's Advisory Group on Surveys and Research, of which Dr. Mark Abrams is the Chairman. We believe it may be helpful to those undertaking surveys, not only in the field of old people's welfare, but also in other areas of research.

A bibliography of recent British surveys on older people is included.

MISS MARJORIE BUCKE

Secretary

The National Old People's Welfare Council (In Association
With The National Council of
Social Service)

26 Bedford Square
London WC 1, England

May I suggest that you find a more attractive title for the monthly bulletin *Aging*?

My sister-in-law enjoys reading a column in our paper called "The Golden Years" and similar articles which concern old people, and I am sure she would enjoy your bulletin. However, I wouldn't dare give her a subscription of it for Christmas as I would like to, not with that title, for fear of hurting her feelings.

Please let me know if you ever change the title and I'll order a subscription for her.

Maybe you could ask the *Aging* magazine subscribers if they like the title, or if they would prefer another one a little more subtle, such as for instance *TWILIGHT* (meaning old age, the twilight of life).

MRS. HUGO LEUTERITZ

4512 Jurupa Avenue
Riverside, Calif.

Enclosed is page proof of the article "Housing Needs of the Aged" by Alexander Kira as it will appear in the December issue of *Rehabilitation Literature*. We shall be very pleased to have you make note of this article in the columns of your own publication if you think it appropriate.

Mr. Kira, Assistant Professor of Architecture at Cornell University, has included in his article a special Guide to Functional Planning for the Elderly and Handicapped, "Design and Planning Criteria for Housing for the Aged."

This is the issue that we plan to distribute freely at the Society's exhibit at the White House Conference on Aging. We shall be glad to respond to any requests from your own readers by providing a free copy of the issue in which the article appears.

EARL C. GRAHAM

Editor, *Rehabilitation Literature*
National Society for Crippled
Children & Adults

2023 W Ogden Ave., Chicago 12.

On December 25, the Greater St. Louis Centers for Senior Citizens, Inc., gave the second annual Senior Citizens Christmas Day Dinner Party. This affair was held for approximately 300 senior citizens, without relatives or friends to invite them for Christmas dinner, at the city's Senior Citizens Center.

A committee was successful in raising approximately \$2000 from more than 200 prominent members of the community to pay for this dinner which was free for all the senior citizens who attended.

The dinner was served from noon to 2 p.m., followed by two hours of dancing with an orchestra hired for the occasion. Each lady was presented with a corsage; each gentleman with a boutonniere.

I am enclosing herewith a menu which also lists the names of the contributors, and a news item from the *St. Louis Post-Dispatch* with a picture taken by their staff photographer.

Our plans for next year are to have two additional parties in two other locations of the City of St. Louis.

JOSEPH B. SHANK

Treasurer

Greater St. Louis Centers for
Senior Citizens, Inc.

5800 Arsenal St., St. Louis 39.